

Child and Family Services Update

October 2007

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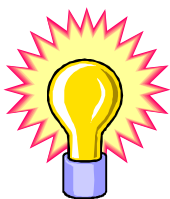
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Please share your thoughts and ideas by sending them to Carol Miller at CAROLMILLER@utah.gov

Betournay's Bits

By Duane Betournay, Director



Implementation of Adam Walsh

You may have heard about the Adam Walsh Act—an Act that requires Child and Family Services to complete more stringent background checks for kin, adoptive, and foster parents—and which may have generated some considerable stress for you. Much has been said lately in the press about our response to the Act, and it may have left you wondering what the thinking was that set in motion this series of events. Good question, and one I hope that I can provide some answers to.

The approach that Utah took in interpreting the Adam Walsh Act was not a knee-jerk reaction to federal statute that was unknown to us. This topic did not sneak up on us. It was a significant part of our conversations in administration dating back well over a year ago. In the spring of 2006, we began to hear rumblings of proposed Federal legislation to tighten background screening requirements for foster and adoptive parents. We were invited to provide input to our congressional delegation around the potential impact that this law would have on our kinship placements, as well as the potential impact on other licensed homes and programs. We gave very specific feedback to Senator Hatch's office as well as to the senior staffers within the Department of Health and Human Services. Our request was simple: Allow us to place a child with kin before the additional fingerprint based background check results have been received if the kin have lived in the state for five years and if they pass a State BCI check. The reply was that these new background screening requirements are important as part of a much larger piece of legislation to protect children and Congress wasn't willing to slow down the bill to consider this change. Seemed pretty clear cut.

We also did not just rely upon this encounter and these opinions. We carefully interpreted what was given to us (the Act and limited written guidance from the Children's Bureau in the Administration for Children and Families - ACF), and we

participated in national conference calls sponsored by NAPCWA (National Association of Public Child Welfare Administrators) and the Children's Bureau. The messages early on were confusing. Some interpreted the statute very narrowly, and some much more broadly. As with all new legislation, there is a period of time before and after implementation when the Federal Government offers opinions and clarifications to the statute to try and help states implement statute changes, which are often times devoid of significant detail. This was the case with the Adam Walsh Act. We found most of the guidance to be as confusing as the preliminary phone calls, and the policy direction was inconclusive. Must states be completing the background checks required by the Adam Walsh Act prior to placement? We were well into our State legislative session before any written guidance was given, and then it was somewhat tentative. The advice came back that you can place a child while background screening is pending, but there may be practice implications if you do (including risk for children being placed in homes with only on limited background information and loss of federal funding until background screening is completed).

Think about what the Adam Walsh Act was all about in the first place...Safety for children at a minimum should include historical knowledge about what factors may cause risk for children. The approach that Utah has taken to implementation of the Adam Walsh Act was based on this assessment, and also the express legal advice from our Office of the Attorney General. It was also a policy decision that was arrived at by the Utah Legislature after significant debate on the issue.



We have gone before the Legislature at the request of the Health and Human Services Interim Committee to present our efforts to date and also our progress in implementing the changes in state law. They were very supportive of our approach, and have requested that we continue talking to them about kinship placement issues in general, including the complications brought about by the more stringent background checks. We will be meeting with the Child Welfare Legislative Oversight Committee in October to continue those discussions and are very aware that there will likely be a further examination of the statute and some potential changes that may be made to provide more flexibility for kin placements when a child has to come into custody. We will work with the Legislature to fully advise them and implement any changes to law once those are known.

On the other side of the issue is the length of time that children must spend being cared for by strangers. Whether that time is spent in a family setting or in one of the shelters, we acknowledge that this is not desirable and in some cases adds to the trauma of being removed from their parents. Because of that, we must always be attuned to the process of conducting background checks and working towards the probationary licenses in a manner that is responsive, timely, and with sensitivity to the issue of children being away from family. We must do all that we reasonably can to keep children connected to parents and the potential kin caregiver during this process. Please staff these cases frequently, ensure that they do not get lost in the process, and if you need any assistance or information about a pending background check, contact

your local kinship coordinator or Cherri Joy in the state office. Any placement that is pending for longer than three weeks should be made known to your Region Director and to the State Office so that we can facilitate those things that are needed.

I know that this process has been confusing and frustrating for family and workers. I will keep you informed of any improvements we are able to make in the kin background screening process.



Partnership

Educating Treatment Professionals about Child and Family Services

By Mary Catherine Jones, Curriculum Developer

How can substance abuse treatment professionals support their clients who are involved with the child welfare system? What is their role in a child welfare case? How can treatment professionals prevent clients who are parents from abusing and neglecting their children?

Between February and June 2007, Child and Family Services launched its first statewide training for caseworkers on substance abuse. The online course, *Understanding Substance Use Disorders, Treatment, and Family Recovery*, was developed by the National Center on Substance Abuse and Child Welfare (NCASCW), and supplemented by a participant workbook and supervisor handbook developed by the Child and Family Services Professional Development Team. The course reviewed common effects of substance abuse on parenting and child safety, and how child welfare workers can build partnerships and coordinate case planning with substance abuse treatment professionals. This spring, the NCSACW asked the Professional Development Team to put together a participant workbook and supervisor handbook to accompany its online course for substance abuse treatment providers, *Understanding Child Welfare and the Dependency Court*. Both courses are part of federal efforts to support families involved in the treatment, child welfare, and dependency court systems in keeping their children safe and in helping families navigate potentially conflicting timetables. Creating the materials for treatment providers became my assignment, and I spent my summer researching the needs and experiences of treatment professionals who work with parents of minor children.

Through collaboration with the Division of Substance Abuse and Mental Health (DSAMH), a total of 40 treatment professionals participated in interviews and focus groups. Focus group participants represented First Step House, Odyssey House, Indian Walk-In Center, Volunteers of America, Youth Support Systems, Four Corners Behavioral Health, and Salt Lake County Substance Abuse Assessment and Referral Unit. Ten treatment professionals from these agencies also completed a pilot of the online course with participant materials and provided extensive oral and written

feedback. The feedback shaped the participant materials and was forwarded to the NCSACW.

Working on this project was fascinating and it helped me to understand what treatment professionals need from Child and Family Services in order to support their clients. For example, only 2 out of 37 focus group participants reported that they had learned about the child welfare system through a training or course. The remainder reported that they learned from their co-workers, supervisors, and clients, and that they did not have a single and reliable source of information about child welfare policies and practices. They reported that they learned “on a case-by-case basis” through their interactions with individual caseworkers and “through trial and error.” Participants who had few child welfare involved clients reported that it was difficult to retain what they learned and that more knowledge would expand their capacity to support clients. All focus group participants expressed interest in taking an online course from the national authority on substance abuse and child welfare. None reported having heard of the NCSACW course prior to the focus group.

As part of the pilot, 13 treatment professionals completed a Practice Assessment. The purpose of the Practice Assessment was 1) to generate a profile of pilot participants and 2) to understand how treatment professionals view their responsibilities toward the families of treatment clients. The Practice Assessment also provided an opportunity to evaluate how treatment professionals viewed their relationship with Child and Family Services prior to taking the course. Nine out of 12 reported that they were satisfied or somewhat satisfied with their relationship with the local Child and Family Services office; 3 reported that they were somewhat dissatisfied. When asked to explain sources of conflict with child welfare workers, the most commonly identified source was differing priorities or goals. Lack of communication and lack of knowledge of the other system (either lack of caseworker knowledge of the treatment system or lack of treatment provider knowledge of the child welfare system) were other identified sources. Nine out of 13 participants described their relationship with the local child welfare office as collaborative; 4 described it as supportive. Eight out of 12 respondents reported that they would like to have more involvement in their clients’ child welfare activities.



In addition to the Practice Assessment, pilot participants completed a Knowledge Pre-test, which measured their knowledge of concepts presented in the course prior to taking it. All respondents articulated basic knowledge of the common effects of substance abuse on child welfare and the experiences and needs of children and families affected by substance abuse. Many of the respondents reported that they rarely or never screened or assessed for needs of children when working with their adults clients. However, 12 out of 12 respondents reported that it was important that treatment providers to address the needs of children whose parents are in treatment. One participant commented, “We have many clients with children, but we don’t view the children as our clients (because they aren’t). However, our clients as well as their children will benefit if we incorporate this assessment into our treatment.” Responses to

focus group questions and the Practice Assessment also indicated that treatment professionals wanted to take on a more active role in supporting the families of their clients, but were uncertain of appropriate strategies and hesitant to take a leading role when Child and Family Services was involved. Most respondents reported that they waited for Child and Family Services to contact them to explain a case, to plan for treatment, and to report on progress, instead of taking the initiative to contact the caseworker.



Treatment professionals who completed the online course reported that it helped them to understand the spectrum of services available to families through the child welfare system, and that they learned specific strategies for building collaboration with caseworkers to support their treatment clients. They also reported a better understanding of the process of court involvement. "I was able to understand the process of removing children and also in helping them be reunited better." The course contained information on how treatment professionals could help parents access resources outside of treatment. Said one participant, "I did not know many of the resources [available to] help our clients and their families. Giving them support at times when they believe there is none is so beneficial in their recovery."

As a result of this project, DSAMH will be encouraging use of the course among local substance abuse authorities to train new employees and other staff. The course is free of charge and available on the NCSACW website at <http://www.ncsacw.samhsa.gov/tutorials/index.asp>. For more information about the project or the online course, contact me at (801) 538-3961 or mcjones@utah.gov.



Catholic Schools Partner with the Utah Foster Care Foundation to find Families for Children

By Deborah Lindner, Community Relations Coordinator, Utah Foster Care Foundation

Parents of students in the Catholic school system, as well as other interested families, will hear the stories of several Salt Lake area foster/adoptive families at a public forum in November.

The families will talk about the challenges and rewards they have encountered, how their biological children have been affected, and their experiences with reunification and working with birth families.

Foster Family Forum

Monday, November 5, 2007 at 6:30pm
Judge Memorial Catholic High School
650 South 1100 East
Salt Lake City, Utah

The foster/adoptive families are willing to answer questions from prospective foster parents, so tell anyone you know who may be interested! Families from all religions are welcome! For more information, call Christina or Mike at 801-994-5205.

Organizational Competence

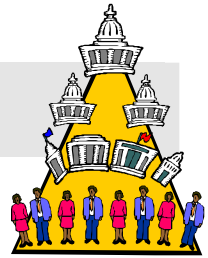
Welcome, New Program Managers!

By Carol Miller, Program Support Specialist

We want to take a moment and introduce you to two of our new program managers at the state office.

Jane Lewis is our new Transition to Adult Living (TAL) program manager and has several years of experience working with youth in the field of human services, special education, substance abuse, and mental health. Jane comes to us from substance abuse and mental health where she was an instrumental part in implementing youth in transition services within the community mental health centers. Jane was a participant on the Governor's TAL Initiative Committee. Jane has a real passion for young adults and is committed to the TAL program.

Beginning this month, **Del Bircher** will be our new Domestic Violence program manager. Before coming to us, Del worked at Valley Mental Health for 14 years, and served as the co-chair of the Salt Lake Valley Quality Improvement Committee.



Professional Competence

Child and Family Assessment: Putting Words into Action

By Patti Van Wagoner, Deputy Director

In a world of confusion, how do you make sense out of chaos? How do we help a family see themselves in a way that helps them find solutions to the dilemmas they face to provide better care for their children? Assessment is the key. The process of assessment can be a helpful tool for families to gain insight into what got them to where they are and to look at the future in a way that they can make decisions about change. It's not easy. As all of you know, there is so much information that we gather in the first few weeks of working with a family that it's hard to articulate what is going on in a concise manner.

The Child and Family Assessment is a summary. It's a place to document the family's history, patterns, behavioral indicators, strengths, and needs that will help the team understand what is behind the behaviors that have created concerns for the safety of the child that warrant Child and Family Services intervention. These underlying needs or conditions that affect the family are what you can process in your mind as you take

the time to write the assessment in SAFE. The way in which SAFE has programmed the Child and Family Assessment can be a resource to you in articulating a summary of conclusions that the team has drawn. The process of sitting at your computer and writing the assessment can help you put your thoughts in order, and help you consolidate and condense all that you know into clear statements that will help you and the family identify what needs to change to bring a balance back into a family system that has been challenged by their situation, behaviors, and conditions.

Completing or updating the Child and Family Assessment is a crucial step to be completed before the Child and Family Plan is created by the team. Using the exercise of writing the assessment can be a good way to figure out the best way to articulate the “needs statements” that will lead to better planning with the family.



Bridging Refugee Youth & Children's Services

By Elizabeth Kuhlman, Prevention Specialist and Carol Miller, Program Support Specialist
Addressing child welfare with refugees is becoming an increasing need in our state. There are approximately 35,000 refugees from all over the world that live in the Salt Lake Valley alone. The “Bridging Refugee Youth & Children's Services” website at <http://www.brycs.org/> has some interesting information about how to strengthen services to refugee families.



Kinship Care

By Judy Hull, Kinship Program Manager, and Carol Miller, Program Support Specialist
The Child Welfare League of America (CWLA) has a publication <http://cwla.org/programs/kinship/reporter.htm> that is devoted entirely to kinship care. The summer volume at <http://cwla.org/programs/kinship/kinshipsummer2007.pdf> includes very helpful information for working with kinship families.



Kin Caregiver Background Screening and Approval

By Cosette Mills, Federal Revenue Manager

What can caseworkers do to help facilitate more timely approval of kin caregivers for placement of children in Child and Family Services custody?

1. Know Your Region Kinship Experts

Each region has designated workers to help caseworkers through the process to have kin caregivers approved and licensed for placement of a child in Child and Family Services custody. Get in touch with your region worker when a child has entered custody and you are exploring kin options so you can get the most current process for your region.

Region	Region Workers
Eastern Region	Greg Daniels/Matt Watkins/Kimberly Hyde
Northern Region	Jean Marie Morris/Charlene Wilde
Salt Lake Valley Region	Kelly Powers/Judy Maynard/Sue Taylor
Southwest Region	Bruce Zylks/Robert Johnson/ Destry Maycock/Karen Anderson
Western Region	Dennis Brooks/Lisa Dent
Kinship Program Manager	Judy Hull

2. Know the Process and Have Kin Paperwork Ready for First the Child and Family Team Meeting

If the caseworker understands all of the steps required for kinship approval/license and has the necessary paperwork ready and in hand at the first Child and Family Team Meeting, then the information and paperwork can be given immediately to the prospective kin caregiver that the Child and Family Team selects to go through the approval process.

Prior to the first Child and Family Team Meeting, check with a region kinship expert about the kinship approval/license process and prepare all of the paperwork that needs to be given to the prospective kin caregiver that the team selects.

The paperwork will include the Kinship Background Screening Application (KBS01 Form in SAFE), kinship license packet, and any region-specific forms. The caseworker needs to complete the bottom left-hand side of page one of the KBS01, and will need to make copies for each person age 18 years and older living in the home of the prospective kin caregiver.

3. Let Kin and the Child and Family Team Know that Previous Criminal or Child Abuse Histories or Living Out of State Will Delay Approval for Placement of the Child

The caseworker needs to let all kin interested in being considered as a kin caregiver know that THE TIME TO BE APPROVED FOR PLACEMENT OF THE CHILD WILL BE SIGNIFICANTLY DELAYED if they have ANY criminal background history (no matter how long ago), ANY child abuse or neglect history, or if they have LIVED OUT OF STATE in the previous five years because additional steps have to occur in the background screening process before approval can be determined/granted. These additional processes will generally take at least one month, but often take an additional 6-12 weeks or even longer. The Child and Family Team should consider these factors in deciding which family to recommend go through the process for kin caregiver approval/license for placement of the child.

For additional information contact your regional kinship expert or Judy Hull, Kinship Program Manager; Cherri Joy, Child and Family Services Background Screening Coordinator; or Cosette Mills, Federal Revenue Manager.

